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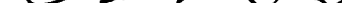
Substituted for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Complete If Known Application Number <u>60/174,269</u> Filing Date <u>11/23/00</u> First Named Inventor <u>WILLIAM J. PAYER</u> Group Art Unit _____ Examiner Name _____ Attorney Docket Number _____	
Sheet	1	of	1		

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Examiner Signature		Date Considered	4-17-02
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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